

FINRPT#3

Name of HMO/CMP:

Contact Person for this Worksheet:

Plan file (optional

File date:

Print date:

REPORT#3-STATEMENT OF CASH FLOWS (Indirect Method)

Time

Period

CASH FLOW PROVIDED BY OPERATING ACTIVITIES:

1 Net Income (loss)

Adjustments to reconcile net income (loss) to net cash
provided (used) by operating activities:

2 Depreciation and Amortization

Change in Operating Assets and Liabilities

(Increase)Decrease in Operating Assets

3 Premiums Receivable

4 Due from affiliates

5 Health care receivable

6 Aggregate write-ins for (increase) decrease in operating assets

Increase (Decrease) in Operating Liabilities

7 Medical claims payable

8 Due to affiliates

9 Unearned premiums

10 Accounts payable

11 Accrued medical incentive pool

12 Aggregate write-ins for increase (decrease) in operating liabilities

13 NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES

CASH FLOW PROVIDED BY INVESTING ACTIVITIES

14 Receipts from Restricted Cash and Other Assets

15 Receipts from Investments

16 Receipts for Sales of Property, Plant, and Equipment

17 Payments for Restricted Cash and Other Assets

18 Payments for Investments

19 Payments for Property, Plant and Equipment

20 Aggregate Write-ins for investing activities

21 NET CASH PROVIDED BY INVESTING ACTIVITIES

CASH FLOW PROVIDED BY FINANCING ACTIVITIES

22 Proceeds from Paid In Capital or Issuance of Stock

23 Loan Proceeds from Non-Affiliates

24 Loan Proceeds from Affiliates

25 Principal Payments on Loans from Non-Affiliates

26 Principal Payments on Loans from Affiliates

27 Dividends Paid

28 Principal payments under lease obligations

29 Aggregate write-ins for Cash Flow provided by Financing Activities

30 NET CASH PROVIDED BY FINANCING ACTIVITIES (Items 20 to 26)

31 NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS

32 CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR

33 CASH AND CASH EQUIVALENTS AT END OF YEAR

FINRPT#3 (revised for application 7/95)